

HOME ENVIRONMENT

LIMITATIONS

_____ None _____ walker/cane _____ wheelchair _____ visual
_____ hearing _____ bedridden _____ other – please describe _____

Are there stairs? _____ Yes _____ No

If yes, please list areas: _____

OBSERVATIONS – What's there?

	GOOD	POOR	NONE
Lighting	_____	_____	_____
Location of throw rugs	_____	_____	_____
Electrical appliance cords	_____	_____	_____
Location of electrical cords	_____	_____	_____

SAFETY

Safety latches	_____	_____	_____
Doors locks	_____	_____	_____
Smoke alarms	_____	_____	_____
Location of smoke alarm	_____	_____	_____
Night-lights	_____	_____	_____
Hot water temperature setting	_____	_____	_____
Condition of tools (power)	_____	_____	_____
Condition of home appliances	_____	_____	_____
Fire extinguisher (kitchen)	_____	_____	_____
Fire extinguisher (home)	_____	_____	_____
List of Emergency phone numbers by the phone	_____	_____	_____

ACCESSIBILITY

Kitchen appliances	_____	_____	_____
Kitchen utensils	_____	_____	_____
Shower	_____	_____	_____
Bathtub	_____	_____	_____
Toilet	_____	_____	_____
Bed	_____	_____	_____
Television/radio	_____	_____	_____
Light switches	_____	_____	_____
Telephone	_____	_____	_____
Clocks	_____	_____	_____
Door knobs and latches	_____	_____	_____
Vehicle	_____	_____	_____